

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09714018**  
APPLICANT(S)

FILING DATE  
**11-16-00**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51		✓				
2		✓					52		✓				
3		✓					53		✓				
4		✓					54		✓				
5		✓					55		✓				
6		✓					56	✓	✓				
7		✓					57		✓				
8		✓					58		✓				
9		✓					59	✓	✓				
10		✓					60		✓				
11		✓					61		✓				
12		✓					62		✓				
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18	✓						68						
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
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36		✓					86						
37		✓					87						
38		✓					88						
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41	✓						91						
42	✓						92						
43		✓					93						
44		✓					94						
45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49		✓					99						
50		✓					100						
TOTAL IND.		7					TOTAL IND.	7					
TOTAL DEP.		55					TOTAL DEP.	55					
TOTAL CLAIMS		62					TOTAL CLAIMS	62					

**BEST AVAILABLE COPY**